

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
1 01 0 Richards Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 9681 0

Check one:

☐ new

☐ renewal

OFFICE USE ONLY

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STATEMENT OF PROFESSIONAL SOLICITOR
FOR A CHARITABLE ORGANIZATION

1. Name of professional solicitor: _____

2. Address: _____

3. Name under which business is conducted: _____

4. Names, residence and business addresses, social security numbers of all officers, partners, agents, servants, employees, directors and independent contractors:

<u>Name and Soc. Sec. #</u>	<u>Title</u>	<u>Residence Address</u>	<u>Business Address</u>

5. Name of charitable organization for whom the solicitation is to be conducted:

a. Address of the organization: _____

b. Purpose(s) for which the contributions solicited are to be used: _____

c. Individuals or officers of the organization who will have custody of the contributions: (Name, title, address, street, city and state)

d. Individuals or officers of the organization who are responsible for the distribution thereof: (Name, title, address, street, city and state)

6. Period of time during which solicitation is to be conducted: (Month, day and year)

7. Description of the method(s) of solicitation: _____

8. Manner of such solicitation:

a. Voluntary unpaid solicitors Yes _____ No _____

b. Paid solicitors Yes _____ No _____

c. The basis of payment and the nature of the arrangement:

_____ } ss.

_____ being duly sworn, deposes and
(officer name)
says that (he) (she) is the _____ of _____
(title) (organization name)
the professional fund-raising counsel named in the foregoing statement, and that the information provided made in the statement
is true and correct to the best of (his) (her) knowledge and belief.

Signature

Subscribed and sworn to before me this
_____ day of _____, 19____

Notary Public, State of _____
My commission expires: _____

INSTRUCTIONS

- Type or print legibly in black ink. All signatures shall be in black ink.
- Be sure all information requested is complete and that you have filled in all the blanks. If there is not enough space, attachments will be accepted.
- The nonrefundable filing fee of \$50, plus the Compliance Resolution Fund fee of \$10 are payable to the Department of Commerce and Consumer Affairs. Submit one check for the total of \$60.
- There is a \$15 charge for all dishonored checks.

Note: The **BOND FOR PROFESSIONAL FUND-RAISING COUNSEL OR PROFESSIONAL SOLICITOR OF A CHARITABLE ORGANIZATION** shall be submitted with the statement.